

To Whom It May Concern:

_____ of Rochester New York
 (name) (date)
 being the next-of-kin of _____, do
 (name)

hereby authorize the disinterment and examination of the remains of my
 late Uncle, _____, under
 (relationship) (name)
 the direction of the Center for Human Radiobiology of the Argonne National
 Laboratory, 9700 South Cass Avenue, Argonne, Illinois 60439, or its
 scientific successors, such disinterment and examination to be for the
 purposes of advancing medical and scientific research and education. I
 authorize the transportation of said remains to Argonne National Laboratory
 for the purpose of carrying out such examination and to retain such bone
 specimens as the scientific personnel may deem fit. Following examination,
 the remains will be returned for reinterment. The grave site will be restored
 to its original condition after disinterment and again after reinterment. All
 the above procedures will be accomplished at no cost to me.

Signature

Address _____ City _____ State _____

Nov. 15 - 1975
 Date

Witness:

8004028
 Name

16 Lylabiller Fairport NY
 Address City State